

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
NATHAN OTTERSON,

Plaintiff,

-against-

GOLD COAST FREIGHTWAYS, INC.
and RAUL SOTO,

Defendants.
-----X

Civil Action No.:
1:08-CV-4216

RULE 26(a)(1)
INITIAL DISCLOSURE

Defendants, GOLD COAST FREIGHTWAYS, INC. and RAUL SOTO, by and through their attorneys, WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER, LLP, set forth the following as their Initial Disclosure pursuant to Rule 26(a)(1) of the Federal Rules of Civil Procedure:

A. Witnesses:

Raul Soto: 129 Brill Street, Newark, NJ 07105

Hugo Diaz: 726 E. 136th Street, Bronx, NY 10454

B. The following are copies of documents that may be used by Gold Coast Freightways, Inc. and Raul Soto to support their claims or defenses:

Attached hereto as Exhibit A is a true and correct copy of Gold Coast Freightway, Inc.'s Driver's Accident Report and Dispatch Accident Report.

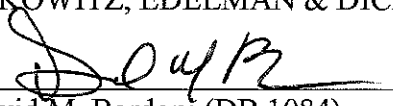
C. Gold Coast Freightways, Inc. was afforded liability coverage by RLI Insurance company under policy LFT001222-2. The policy period was from December 1, 2006 through December 1, 2007 and contained a \$2,000,000 per occurrence limit.

Dated: White Plains, New York
June 9, 2008

Yours, etc.

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

By:


David M. Bordoni (DB 1084)

Attorneys for Defendants

GOLD COAST FREIGHTWAYS, INC. and

RAUL SOTO

3 Gannett Drive

White Plains, New York 10604

(914) 323-7000

File No.: 00775.00062

To: EDELMAN & EDELMAN, P.C.

Attorneys for plaintiff

61 Broadway, Suite 3010

New York, NY 10006

(212) 943-1200

GOLD COAST FREIGHTWAYS, INC.

DRIVER'S ACCIDENT REPORT

Accident Date 6-01-07		Time 4:55		Investigated by police <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Vehicles Involved 1		Address of Accident Location 138th Breckner Blvd.	
						City BRONX,		State N.Y.	

Your Vehicle #1				Insurance Co. RLI INS. CO.				Other Vehicle #2				Insurance Co.							
Policy # LFT 0012222								Policy #											
Driver's Name RAUL SOTO				Phone # 973-690-5373				Driver's Name Person on Bicycle				Phone #							
Address 129 Brill St.								Address											
City NEWARK		State N.J.		Zip Code 07105				City		State		Zip Code							
Driver's License # SG773-64200-0742				ST NJ		Age 40		Sex M		Driver's License #				ST		Age		Sex	
Owner's Name Gold Coast				Phone # 201-653-0050				Owner's name				Phone #							
Address 160 JAMES AVE.								Address											
City Jersey City		State N.J.		Zip Code 07306				City		State		Zip Code							
Make of Vehicle Ford				Year 1995				Make of Vehicle				Year							
License Plate # AF741K				ST N.J.				License Plate #				ST							

Was there a death? ☐ Yes ☒ No Was there an injury? ☒ Yes ☐ No Was there a tow away of any vehicle? ☐ Yes ☒ No

Were you ☐ Bobtailing ☒ Pulling a load ☐ Pulling an empty ☐ Straight Truck loaded ☐ Straight Truck empty

Was there damage to the cargo? ☐ Yes ☒ No

Was Summons Issued at the time of the Accident? ☐ Yes ☒ No

To Whom:

Why:

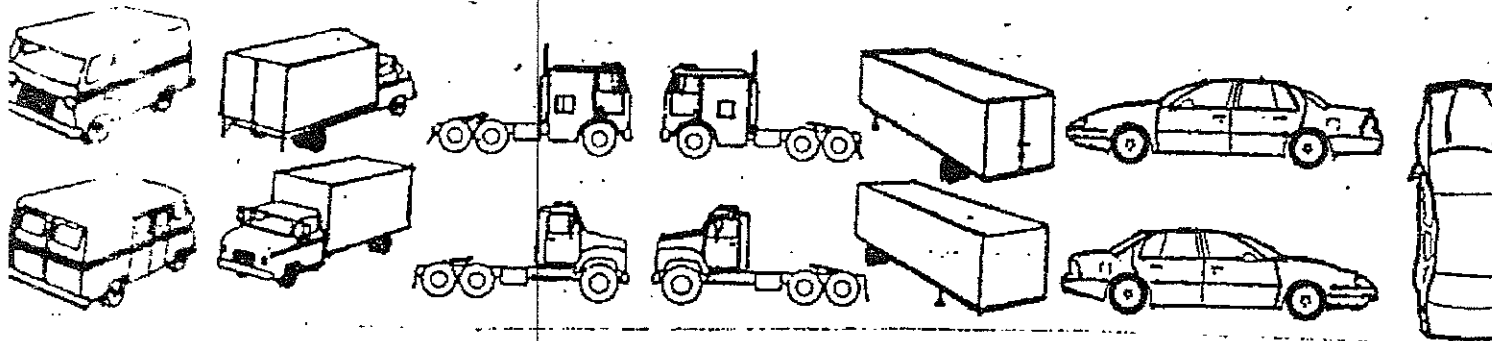
WITNESS: Name & Address **Hugo Diaz** **BRONX, N.Y.**
646-688-8579-cell **718-688-3057 Home**

PERSONAL INJURY

Name		Address		Type of Injury	
Please Refer to Police Report For Pedestrian Info.					

Name (Other than Vehicle)		Description of Damage	
Person on Bicycle			
State			
City			
Zip Code			

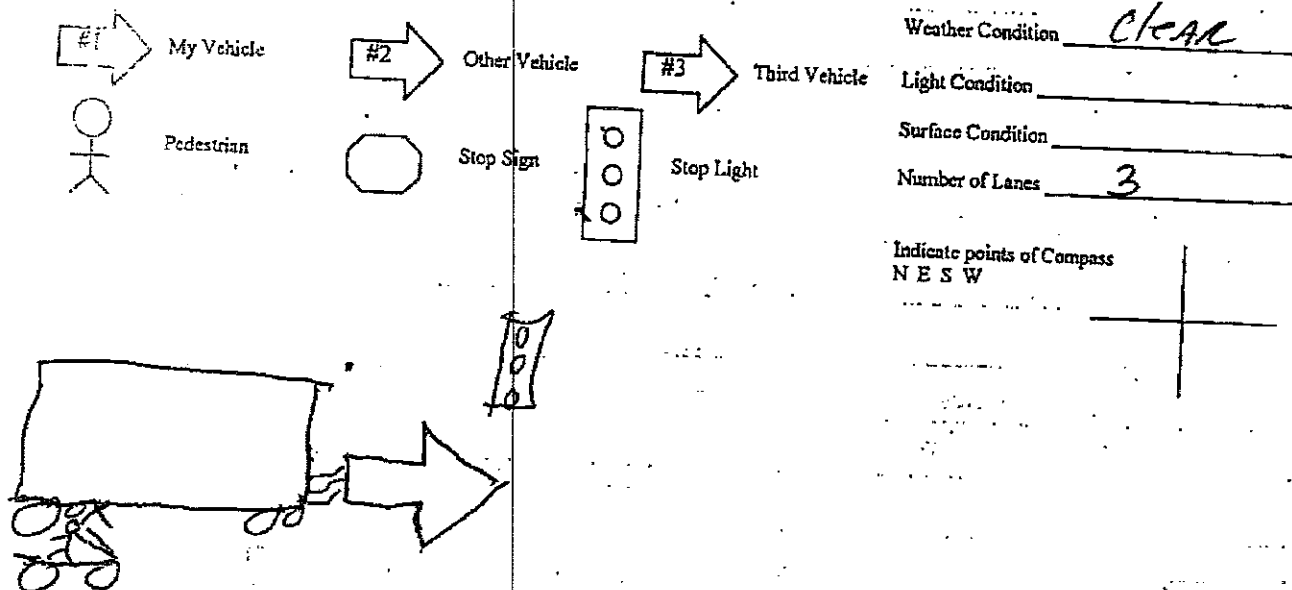
This report must be completed by the end of day's work and forwarded to your dispatcher



Estimated Cost of Repair for Vehicle #1: NONE

Estimated Cost of Repair for Vehicle #2: N/A

HOW DID THE ACCIDENT HAPPEN - Draw a Picture of the Accident Below



Type of District: ☐ Residential ☒ Primarily Business ☐ Rural

Traveling from: BROOKLYN N.Y.

To: Jersey City Home Team

DESCRIPTION OF ACCIDENT - Give Street Names, Directions, and Locations of Objects Involved:

PERSON ON BICYCLE RAN INTO R/S OF TR. AND CLAIM INJURIES ON 138th ST. & BRUCKNER BLVD. BRONX, N.Y. POLICE WERE NOTIFIED AND E.M.S. WERE ALSO ON THE SCENE PERSON WAS TAKEN TO HOSPITAL. POLICE REPORT WILL BE AVAILABLE ON 6/14/07 AT 257 ALEXANDER AVE. 40th PCT. BRONX, N.Y. CALL TO MAKE SURE 718-402-4823 40th Pct. give RAUL Soto NAME. AND date of accident.

Date of Medical Certificate: October 2005 Hours of actual driving since last period of 8 consecutive hours off duty: 4

Number of axles: Tractor: 4 Were you carrying hazardous cargo at the time of the accident? ☐ Yes ☒ No

Were there mechanical defects in your vehicle at the time of the accident? ☐ Yes ☒ No If yes, specify: _____

Were you under the influence of any substance at the time of the accident? ☒ Yes ☐ No If yes, specify: _____

Driver: Raul Soto Age: 40 S.S. #: 1929

Police office Name Monche I.D.# 26134

GOLD COAST FREIGHTWAYS, INC.

DISPATCH ACCIDENT REPORT

PART I

Driver's Name: Raul Soto Terminal: Jcy
 Tractor/Straight Truck #: 304 Trailer #: SS99
 Date of Accident: 6-1-07 Time of Accident: 4:55 PM.
 City Accident Occurred: BRONX, NY Estimate Cost of Damages: _____

Description of Events: PERSON ON BICYCLE RAN INTO K/S OF TRAILER AND CLAIM INJURIES. ON 138th ST. + BENCKNER BLVD. IN THE BRONX, N.Y. POLICE WERE NOTIFIED AND E.M.S. WERE ON THE SCENE PERSON WAS TAKEN TO HOSPITAL. POLICE REPORT WILL BE AVAILABLE ON 6/4/07 AT 257 ALEXANDER AVE. 40th PCT. BRONX, N.Y. CALL TO MAKE SURE 718-402-4023 40th PCT. GIVE RAUL SOTO NAME PART II AND DATE OF ACCIDENT. (POLICE OFFICER: MONICHE #26134)

	Yes	No		Yes	No
Police Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Citation Issued	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle towed away	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fatality	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Injury w/ treatment away from scene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Post-accident Drug/Alcohol Test needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Haz Mat Spill	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Haz Mat Spill Cleaned up by whom: _____

****If Post-Accident Drug/Alcohol Test needed, answer the following questions****

Alcohol Test completed within 2 hours following the accident ☐ ☐
 If no, please state why: _____

If Alcohol Test was not completed within 2 hours, was it completed within 8 hrs ☐ ☐
 If no, please state why: _____

Drug Test completed within 32 hours following the accident ☐ ☐
 If no, please state why: _____

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) SS.:
COUNTY OF WESTCHESTER)

I, TONIANN BARBERA, being sworn, say:

I am not a party to the action, am over the age of 18 years of age and reside in Milford, Connecticut. On June 9, 2008, I served the within **RULE 26(a)(1) INITIAL DISCLOSURE** by depositing a true copy thereof enclosed in a postpaid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth after each name:

TO:
EDELMAN & EDELMAN, P.C.
Attorneys for plaintiff
61 Broadway, Suite 3010
New York, NY 10006
(212) 943-1200


TONIANN BARBERA

Sworn to before me this
9th day of June, 2008

Laura Hasse
Notary Public

LAURA HANNA
Notary Public, State of New York
No. 01HA6035322
Qualified in Westchester
Commission Expires December 27, 2009